



## Lundamatwe Village Report 2008



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PROJECT KESHO IS A REGISTERED 501(C)3 NON-PROFIT ORGANIZATION.

## Lundamatwe Village Report 2008 Executive Summary:

Project Kesho is a non-profit organization dedicated to improving the tomorrows of East African communities through the education of today's children. We are committed to improving the access to, and the quality of, education in East African communities. We have been working in Tanzania since the fall of 2006, however program staff and board members have connections going back to 2000. Our work in Tanzania is located in two neighboring communities in the Southern Highlands near the town of Iringa. The two communities, Lundamatwe and Ulonge, make up the Lundamatwe village. There is a primary school in each community and a health clinic in the Lundamatwe community (a distinct community within the larger Lundamatwe village). These two communities straddle the Tanzam Highway that runs from Dar es Salaam to Zambia and the rest of Southern Africa.

### Project Updates:

- Classroom Construction: Project Kesho is currently facilitating the construction of two new classrooms, one at each primary school. For each classroom, the local communities are responsible for about 10%-15% of the total cost. This ensures that the project is something that the local community really wants, and forms a partnership between Project Kesho and the local community. The classroom at the Ulonge Primary School is nearing completion, while the construction is in the beginning phase at the Lundamatwe Primary School. We are confident that both classrooms will be ready for the start of the new school year next January.
- Clean Water: During the summer of 2008 Project Kesho facilitated the construction of a clean water project at the Lundamatwe Primary School. The project includes a capped borehole and an attached pump. This is the only clean water in the entire village.
- Health Clinic: The health clinic in the Lundamatwe village, which serves both communities, has received sizable support from the District government over the last six months. The clinic now has an adequate supply of medications, medical supplies, and it now has a freezer for storing vaccinations. Project Kesho has continued our work to

### Proposed Projects for 2008-09:

- School Support: Both primary schools need two additional classrooms each. The Ulonge Primary School needs classrooms for a pre-primary class and for a Standard Seven classroom for the 2010 school year. The Lundamatwe Primary School needs the classrooms to alleviate overcrowding as several classrooms have over 80 students and Standards One and Two share a classroom.
- Clean Water Projects: During the fall of 2008 Project Kesho plans on facilitating two new clean water boreholes with pumps. The fall is the best time for these projects as it is the end of the dry season and a lower water table makes for easier digging.
- Health Clinic: During the rest of 2008 and 2009 Project Kesho will continue to make sure that the clinic is well stocked and capable of addressing the needs of the surrounding communities. We will also be conducting community meetings to gain a better understanding of the health needs in these communities and to encourage people to take advantage of the clinic.
- Orphan and Vulnerable Children Support: The presence of truckers on the Tanzam Highway fuels the sex trade in these communities. As a result of this, the HIV rate and the number of children orphaned as a direct result of AIDS in these communities is much higher than the national average. About a quarter of the combined student population is orphaned as a result of AIDS. Starting in the fall of 2008 Project Kesho will begin a support program for Orphans and Vulnerable Children (OVC). The OVC program has three distinct facets. The first will be the creation of a volunteer based home visiting program. This program also encompasses a sustainable animal farm that will address the health needs of OVC's and will be an income generator for their families. Finally this program will provide for the educational, health, and psychosocial needs of the orphans.

## **Background:**

This report has three main objectives. It will provide an overview of Project Kesho and our target communities in Tanzania, an update on our projects, and an overview of our proposed projects for the rest of 2008 and 2009. Project Kesho is proud of our work to date. Past projects include classroom construction and revitalization, improved sanitation facilities at schools, health clinic support, and support for orphans and those most vulnerable in our target communities. This report lays out our vision for our work for the next year and half. We are very excited about expanding our work to address the underlying roadblocks that limit access to, and the quality of education.

Project Kesho is a nonprofit dedicated to improving the tomorrows of East African communities through the education of today's children. We are committed to improving access to, and the quality of, education in East African communities. Project Kesho was formed as direct response to the educational needs of children in East Africa in the fall of 2006. The organization founders, husband and wife Ian and Cathi Barnes, and brother Elliot, had established strong contacts and bonds within Tanzanian village communities beginning in 2000, and felt impassioned about addressing the growing needs of communities from within. Because of these core beliefs, wherever Project Kesho works, we work alongside the local community members. Local stakeholders, such as community leaders, local pastors, school headmasters and teachers, and local and district level government officials, are involved in every step of our projects, from creation to completion. Typically, a community stakeholder identifies a need or proposes a potential project to begin the assessment and planning process of our programming. Follow through; oversight and long-term sustainability also rest within the communities themselves.

### Lundamatwe Village Overview:

Project Kesho is working in the south-central part of Tanzania, near the city of Iringa. The city of Iringa (population: 100,000, elevation: 5,000 ft.) is the capital of the Iringa Region, and is the political, economic and cultural hub of the region. Iringa is located strategically along the Tanzam Highway that goes from Dar es Salaam, on the coast, to Zambia and eventually all the way to South Africa. Iringa is also strategically located in the Southern Highlands of Tanzania. The diverse elevations and reliable rainfall patterns allow for a large and steady selection of produce sold in Iringa, making the market in Iringa one of the most vibrant in Tanzania.





In Tanzania, Project Kesho is currently established in the village of Lundamatwe, which is located about ten miles east of Iringa along the Tanzam Highway. While this village is geographically close to Iringa, the high transportation cost to go between Iringa and the village means that most residents seldom travel to Iringa. The cost of travel one way between the village and Iringa is now \$1.30 and has more than doubled in a little over a year. The village has two main communities: Lundamatwe (a smaller distinct community within the Lundamatwe village) and the Ulonge community. These communities are located about 3 miles apart. The two communities are spread out over an area of about 100 square miles. Lundamatwe has a population of about 4,000 and Ulonge has a population of about 1,000. On average, most village families live on less than a dollar a day.

The Iringa region is home to a few different tribal groups, with the majority of people belonging to the Wahehe (Wah-hay-hay) tribe. The primary language spoken is Kiswahili. Most people also speak their tribal language (Kihehe) and some people speak English with varying degrees of proficiency. Students in primary school are educated in Kiswahili but take an English class as part of their education. Secondary school is conducted in English, and students must demonstrate a degree of proficiency in order to gain acceptance.

Both communities in the Lundamatwe village have a primary school. Education in Tanzania consists of one pre-primary year, seven years of primary school (standards 1-7) and six years of secondary school (forms 1-6). The Lundamatwe Primary School was built to serve the educational needs of the entire village, and so it is older and larger than the Ulonge Primary School. It serves roughly 1,000 students from pre-primary through standard 7,



though there is significant overcrowding. Due to the high number of students living in the Ulonge community, the Ulonge Primary School was recently constructed to meet their educational needs. However, there was only enough money to construct four classrooms at the school. A fifth classroom was just completed with the help of Project Kesho in the fall of 2007. Currently the school serves about 300 students in Standards 1-5. Students from the Ulonge Primary School who are in Standards 6 and 7 (approximately 100 students) must walk three miles, each way, to the Lundamatwe Primary School.

## **Project Updates:**

### *Classroom Construction Update:*

Project Kesho is currently facilitating the construction of two classrooms, one at the Lundamatwe Primary School and one at the Ulonge Primary School. A deal was struck

between the respective communities and Project Kesho detailing how the classrooms would be funded. The respective communities were (and will be for future classrooms) responsible for securing the bricks used for the building (either by making them or purchasing them), gathering large stones that are used for the foundation, and they are also responsible for digging the foundation. Project Kesho is responsible for the rest of the supplies and paying labor for the construction. The local communities are responsible for roughly 10%-15% of the classroom costs and Project Kesho is responsible for the rest. Community support, either in terms of money or volunteered labor is important because it creates community ownership over the project. The community is able to take pride in its accomplishments and will be more likely in the future to support repairs or upgrades to existing projects. Also, by providing money or volunteering time, the community shows Project Kesho and our donors that they think the project is important to them and they do not view the project as just a handout, but rather a partnership.

The Standard Six classroom construction project at the Ulonge Primary School also incorporates an attached office for teachers. The Ulonge community showed great enthusiasm for the project, and as result, they held up their end of the bargain within a week. Construction was started at the end of August. Once construction is done, the walls will be painted and educational appropriate images will also be added to the interior to facilitate learning. Project Kesho will also make sure that there are enough desks in the new classroom. The Government is responsible for supplying books and paying for a teacher for the classroom. We will make sure this is taken care of prior to the start of the new school year in January.

The classroom construction project at the Lundamatwe Primary School is progressing slower than at the Ulonge Primary School. It is taking the local community longer to raise the necessary funds to purchase the bricks. While this is slowing down the construction of the classroom, we believe that this is a necessary step the community must undertake before any construction happens. Despite this delay, we are confident that the classroom will be completed before the beginning of the new school year in January. Project Kesho staff members are currently stepping up efforts to increase the level of community support and buy in.



The new classroom and attached teacher's office at Ulonge. The office is visible in the picture and the classroom is on the left.

**Fund spent to date on this project: \$3600**

Clean Water Update:

During the early 1990's donor agencies paid for the construction of eighteen boreholes and pumps in the Lundamatwe village. However, many broke or were stolen within the first five years. By 2005 all of these pumps had either broken or had been stolen, leaving the Lundamatwe village without access to clean water and this also increased the distance most villagers had to travel to find water. Before this summer the main sources of water in the village were the river that runs through part of the village, several open (and thus easily contaminated) wells and seasonal water holes that fill with water during the wet season and gradually dry up during the dry season. None of these sources can be safely drunk without first boiling the water, which increases the amount of fuel a family must use.



Clean water in Lundamatwe! The borehole is on the left, a child is pumping in the middle and the output is on the right.

During this summer, Project Kesho started and completed a clean water project. The borehole and attached pump are located near the Lundamatwe Primary School, which is in the geographic center of the Lundamatwe village. We first facilitated a hand dug well, then bricks were cemented in place around the inside of the hole, and finally the top of the hole was capped with a lockable lid to prevent contamination to the borehole. Project Kesho also purchased a treadle pump so that the water can be accessed without having to open the lid of the borehole. The pump, called the Money Maker, is designed for use in remote areas of Africa, so it is cheap, mobile, lightweight and easy to use and repair.

Currently the leadership of the Lundamatwe Primary School is responsible for managing the pump. Since the pump is designed to be mobile it cannot be easily secured, so to prevent it from being stolen it is stored at a teacher's house and brought out every morning and taken in before dark.

**Fund spent to date on this project: \$700**



Lundamatwe Village Clinic Update:

During the past several months the Kilolo District has been fulfilling its responsibility of equipping and upgrading the Lundamatwe village clinic. Over the summer the clinic was re-supplied with necessary medications, medical supplies, and a freezer with vaccinations for several diseases. The Kilolo District government also provides a vehicle and driver once a month for the doctor to visit remote areas of the village and surrounding villages to vaccinate children and address other needs. The clinic now has clean water because of its proximity to the borehole by the Lundamatwe Primary School. Project Kesho purchased a bucket and stand so that the clinic can store the clean water and use it to wash out cuts and wounds (previously there was no clean water for them to use).



The doctor dispensing medicine to clear up an eye infection. Over 150 students at both schools had eye infection, head fungus or both.

Over the summer, Project Kesho worked with the doctor and the schools to identify and address the needs of students. Over 150 students were identified as having either eye infections, fungal infections on the scalp or both. These students were given an initial round of treatment and then a few weeks later the doctor followed up with the students to check on their progress. While the monetary needs of the clinic are relatively small, we are trying to walk a fine line between supporting the needs of the clinic so the needs of the villagers can be addressed, but at the same time we do not want to spend too much for fear that the District Government will have an incentive to not fulfill its mandate.

**Fund spent to date on this project: \$300**

**Village Needs and Proposed 2008-09 Projects:**

During the rest of 2008 and 2009 we will not only continue our current projects but we will be expanding our projects to meet the needs of the Lundamatwe village. Plans include building additional classrooms to meet existing and future needs, facilitating the installing of additional boreholes, and addressing the underlying factors of poor health care in the Lundamatwe village. Project Kesho is also working to address the needs of orphans and other vulnerable children in these communities.

School Support:

There are several educational needs that we will be addressing in both of these communities. The Ulonge Primary School will have six classrooms by the end of 2008. The students who are currently in Standard Five will be able to stay at the Ulonge Primary School and move into the new classroom at the start of the new school year in January 2009. However, the Ulonge Primary School still needs two additional classrooms. One needs to be completed before then end of 2009 so that the students who will be in Standard Six at the end of the school year can move into a new classroom at the Ulonge Primary School for their final year of primary school. The Ulonge Primary School also needs one additional classroom to house a pre-primary classroom. The pre-primary class provides students with foundational assets for educational success. They receive instruction in early literacy and math skills and are provided with nutritional support through a pre-primary feeding program. Once the current classroom is finished, a second classroom can be started in the spring of 2009 to house a pre-primary classroom. Once this classroom is finished a third can be started in the fall of 2009 to complete the Ulonge Primary School.

The Lundamatwe Primary School also needs two new classrooms in addition to the one currently under construction. This current school year Standards One and Two share a classroom with one grade attending in the morning and one in the afternoon. After the current classroom project is completed, an additional classroom can be facilitated in the spring of 2009. Once that project is done a third can be built in the fall of 2009. Three new classrooms will go a long way towards addressing the overcrowding at the Lundamatwe Primary School.



This picture shows the educational painting on the classroom walls, which creates a vibrant learning environment for all students.

We originally thought the costs of construction (materials, labor and transportation) would cost around \$4,500 per classroom, however this has increased due mainly to the increasing cost of fuel and its trickle down effect on the Tanzanian economy. The cost of transporting a load from Iringa to the Lundamatwe village has more than doubled since last year. The cost of lumber has increased because it costs more to bring the lumber to the mills, and the cost of cement has increased 25%.



Clean Water Projects:

Building off our success of the borehole and pump at the Lundamatwe Primary School, Project Kesho plans to facilitate two additional boreholes and pumps in other parts of the village. We are waiting to start digging the boreholes until late October or November as that is the end of the dry season and the water table will be at it lowest. Digging at this time allows easier digging. One of the new sites will be at the Ulonge Primary School, which has an existing borehole, but no pump. However, this borehole will have to be dug deeper once the dry season is almost over, as the water table in this part of the village is lower than in Lundamatwe. Unfortunately the Money Maker can only pump water from a depth of seven

meters, and the borehole at the Ulonge Primary School is going to be deeper than that. We are evaluating various other pumps to see if they meet our standards. We have also identified another potential site to locate a pump. Like at the Ulonge Primary School, this location is a capped borehole that had its pump stolen some time ago. Before the end of the raining season we will evaluate the quality of the water at this location to see if



we can install a pump. Unlike locating a pump at a school, this area does not have an establish organization to monitor the pump. So before a pump could be located here, a community organization will need to be created so that there is community by in to the program and there will be a group responsible for the pump.

Lundamatwe Village Health Clinic Support:

There are several factors that have a negative impact on the health in the Lundamatwe village:

- The construction for the clinic was begun in the mid 1990's and only finished last summer (2007). Also, it was really only until this past summer that the clinic had an adequate amount of medicines, supplies and vaccines to address local needs. As a result of this, there is still some confusion, especially in the more remote areas of the village, if the clinic is open and what it is capable of doing.
- There is a maternal ward and birthing area in the clinic that has yet to be used as a result of this confusion, as well as other factors.
- The fee for visiting the doctor, regardless of the need, is 1000 shillings, or about 90 cents, which is what most families in the village survive on for a day or more.
- The distance many families live from the clinic also decreases their visits to the clinic. Many families, almost a third of the population, live at least 4 miles from the clinic.

- Delays (either because of money or distance) in visiting the clinic often result in a simple injury becoming more complicated. This in turn leads to the patient being forced to travel into Iringa, as their injury cannot be treated at the clinic.
- Staff turnover is also a problem. Starting in the fall of 2008 there will be a new doctor at the Lundamatwe health clinic.

During the rest of 2008 and 2009 Project Kesho will focus on addressing the above factors in a number of ways. We will be holding several community meetings in the various parts of the Lundamatwe village. We will use the meetings to introduce the new doctor to the community members, remind people of what procedures the clinic is capable of performing, and stress the need to visit the clinic before a simple injury becomes complicated. We will also investigate the possibility of hiring and training community health workers who can go into more remote parts of the village to identify the needs of villagers there. Once needs are identified, the clinic doctor can travel and address the needs. Unfortunately there is not much we can do about the cost of visiting the clinic as this is set by the district government and is standard across the district (see below for information about addressing the health needs of orphans). We will also continue to monitor the level of medical supplies in the clinic, and work to maintain an adequate amount.

*Orphans and Vulnerable Children (OVC) Support:*

As noted above, the Lundamatwe village straddles the Tanzam Highway. The frequent passage by truck drivers fuels the sex trade at guesthouses along this road. As a result of this, the HIV/AIDS prevalence rate and the number of children orphaned as a result of a parental death in the Lundamatwe village is among the highest in Tanzania. HIV/AIDS has also decreased life expectancy (its now 7.3 years less than it was in 1990), and it has decreased the GDP. The national HIV prevalence rate is 6.5% in Tanzania. However, it is 13% in the Iringa Region, which is the 2<sup>nd</sup> highest in the country. Nationally, 11% of those under 18 are orphans, but in the Iringa Region the rate is 16.2% (2<sup>nd</sup> highest in the country). While statistics are not tracked on a village level, it is undoubtedly true that the levels of HIV/AIDS infection and orphanhood are higher in the Lundamatwe village, as well as similar villages, because they straddle the highway.



This is some of the secondary students Project Kesho is sponsoring for the 2008 school year. This picture was taken after they received their school supplies made possible by donors.

Through our research and surveys we have identified 231 orphans at the Lundamatwe Primary School and 92 at the Ulonge Primary School, which is a third of the students at Ulonge. According to discussions with school officials and Project Kesho's first hand experiences, orphans face a myriad of problems. Many orphans are absorbed by their extended families, and as a result there is less money in the family to support the orphans and the other children. There is also less money for school uniforms, school supplies, food and medical needs. Orphans are vulnerable to becoming malnourished and sick, and many are unable to stay in school. Even if they can remain in school, many of the teachers have noted that orphans have a harder time learning and paying attention because of a lack of nutrition, more frequent illness, and many lack the necessary school materials. Because these communities have expressed concern, Project Kesho will be commencing an orphan support program beginning in the fall of 2008. Our orphan support program will revolve around a volunteer based home visit program and the creation of a sustainable food source farm. The goals of our project are to:

- Increase the capacity of AIDS orphans to receive a quality education
- Promote healthy lives of AIDS orphans by providing a sustainable source of food
- Increase the financial capacity of guardian families taking care of AIDS orphans
- Address the psychosocial needs of the orphans by providing them with regular positive interactions from concerned community members

This program will consist of three distinct facets. The first facet will be the identification and training of local village volunteers to conduct home visits. Volunteers will be self-selected during community gatherings as well as suggested by key community leadership, including church ministers, school officials and council members. Project Kesho's program manager and program staff member will use their contacts with the school and local churches to recruit willing volunteers, with the Tanzanian staff member serving as the program coordinator. The program coordinator will be responsible for managing the network of volunteers and providing administrative support to the network. Next, training will be provided in areas such as AIDS education, strategies for working with orphans, needs assessment skills, and data collection. Volunteers will learn how to identify the physical



A Project Kesho sponsored community meeting. Community members identified problems facing OVC's and brainstormed ways they could address the problems.

needs (clothing, educational, health/nutritional) and spiritual/mental needs of the orphans. Project Kesho has a relationship with a network of community-based organizations in Dar es Salaam working to address AIDS issues in general and orphans in particular. Members of



this network, also Tanzanian, will provide the training to the volunteers in an appropriate and relevant manner based on the knowledge and skills of the village volunteers.

Volunteers will be responsible for identifying and monitoring orphans in a designated geographic area near the volunteer's household. A high degree of coordination will exist between the school, which tracks AIDS orphans for their own purposes, and the volunteers, who will be responsible for monitoring the orphans regardless of their current school attendance or involvement. It will be a priority for the volunteer network to identify the basic needs, the roadblocks preventing school attendance, and the necessary steps to ensure school enrollment for all orphans. We anticipate reaching an additional 50-100 orphans, with the total number of orphans monitored by 30-40 volunteers. Monthly meetings will take place between the volunteers and the program coordinator. These meetings will allow the volunteers to report to the program coordinator their findings and, and it will also provide an inviting format for volunteers to share information and techniques with one another and voice their concerns.

The second facet of this program is the creation of a sustainable animal farm to provide a source of food, education, and income for this population of orphans. The goals of this farm will be to establish a sustainable and self-replicating way of providing nutritional support to both the orphans and their foster families and to provide a means for income generation for the orphans and their foster families. As an added benefit of participating in this project, the orphans will learn valuable farming skills that they can use later in life for their own farms.

The third facet of this program will be to provide for the educational, health, and psychosocial needs of the orphans. After the volunteers identify the needs of the orphans, actions will be taken to address them. While the needs of the orphans will vary from child to child, many of these children will likely have similar educational and health needs. Many of the orphans already in school lack appropriate uniforms and learning materials, and many of those that are not enrolled are unable to attend due to financial or material resource needs. Innovative and economical projects (such as involving local seamstresses to repair uniforms instead of purchasing new ones) will be used to address these needs. Based on our past work, many of the health needs of orphans stem from a lack of nutrients and a lack of preventive medical care. Several orphans that we are already supporting made a quick turn around when their diets were supplemented, and they regularly visited the local



The farm in August 2008. The building will house chickens and also be used for storage. Part of the yard will be fenced for goats, and vegetables will be planted in December.

health clinic to clear up a festering chigger infestation. This project will address these needs directly, because the sustainable animal farm provides a food source and income source that can be used to help pay for medical care. The psychosocial needs of the orphans will also be met in several ways. First, having a volunteer that makes regular visiting to an orphan's home will show the orphans that people within their community care about them. Second, the training the volunteer receives on AIDS and AIDS education will be shared with orphans so that they can understand what has happened to their parents and that it is not their fault. Since many children lack an understanding of AIDS, this will help to alleviate some of their fears. A third way these needs will be addressed is through the work on the animal farm. By working on the farm, the orphans gain a sense of being a contributor of food and income to their own family (without missing out on school) and thus not feel as if they are nothing but a burden to their foster families.



The picture above is of students at the Lundamatwe Primary School after receiving school supplies and toothbrushes. The distribution of the above supplies and all of our other projects comes from our donors. We at Project Kesho are forever grateful for the support we have received in the past two years!

**Project Timetables and Budgets:**

<b><u>Timeline:</u></b>	<b><u>Project:</u></b>	<b><u>Budget:</u></b>
<b>Fall/Winter 2008</b>	Ulonge Classroom	\$2,400.00
	Lundamatwe Classroom	\$5,000.00
	Ulonge Borehole	\$1,500.00
	Lusaula Borehole	\$1,500.00
	Community meetings to address issues surrounding health in the village	\$50.00
	Community meetings to create volunteer network to address needs of OVC's	\$200.00
	Farm	\$700.00
	Classroom Painting (5 rooms)	\$250.00
	<b>Spring/Summer 2009</b>	Ulonge Classroom
Lundamatwe Classroom		\$5,000.00
Volunteer Network identifying and addressing needs of OVC's		\$1,000.00
Maintaining adequate supplies at the clinic		\$500.00
Farm (supplies, rent, wages)		\$1,000.00
Classroom Painting (2 rooms)		\$100.00
<b>Fall/Winter 2009</b>	Ulonge Classroom	\$5,000.00
	Lundamatwe Classroom	\$5,000.00
	Two additional boreholes	\$3,000.00
	Volunteer Network identifying and addressing needs of OVC's	\$1,000.00
	Maintaining adequate supplies at the clinic	\$500.00
	Farm (supplies, rent, wages)	\$1,000.00
	Classroom Painting (2 rooms)	\$100.00